

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 130
County Registrar No. 576
Local Registrar No. _____

PLACE OF BIRTH
1. County of Pila
District of _____
Town of Miami
or
City of _____

2. Full name of child Margaret Jean Ruchessa
If birth occurred in a hospital or institution, give its NAME instead of street and number
 No. Miami Inspiration Hospital St. _____ Ward _____
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female } To be answered ONLY in event of plural births.
 4. Twin, triplet or other. _____
 5. No., in order of birth. _____
 6. Legitimate? yes.
 7. Date of birth April 6 1926
 Month Day Year

8. FATHER
Full name Joseph John Ruchessa

14. MOTHER
Full maiden name Elhel May Skius

9. Residence (Usual place of abode) Miami, Arizona
If nonresident, give place and state

15. Residence (Usual place of abode) Miami, Arizona
If nonresident, give place and state

10. Color or race White
11. Age at last birthday 37 (Years)

16. Color or race White
17. Age at last birthday 34 (Years)

12. Birthplace (city or place) California
(State or country)

18. Birthplace (city or place) Illinois
(State or country)

13. Occupation Electrician
Nature of industry

19. Occupation Trained nurse
Nature of industry Housewife

20. Number of children of this mother
 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living. 1
 (b) Born alive but now dead. _____
 (c) Stillborn. _____

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:40 P.M. on the date above stated.
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Wm. Bacon (Physician or midwife)
 Address Miami, Arizona

Given name added from a supplemental report _____
 Month, day, year. _____
 Registrar. _____

Filed April 11, 1926 Local Registrar. C. E. J...
 Filed _____ 19 _____ County Registrar. _____

431-406-592

IN ORDER OF BIRTH STATED.